



## Checklist and Instruction Page

Please use this checklist to help ensure your application is complete and ready to be submitted.

- For Sales:
  - A current application from [www.WatsonAssociationManagement.com](http://www.WatsonAssociationManagement.com)
  - A copy of the signed contract
  - Realtor information
  - Title Company information
  - Non-refundable Processing Fee for Watson Association Management
    - \$125.00 or
    - \$150.00 for a \*RUSH application (*see below*)
  - Application fee payable to The Vineyards
    - \$150.00 payable to The Vineyards – application fee
  
- For Leases:
  - A current application from [www.WatsonAssociationManagement.com](http://www.WatsonAssociationManagement.com)
  - A copy of the signed Lease Agreement
  - Realtor information (*if applicable*)
  - Non-refundable Processing Fee for Watson Association Management
    - \$125.00 or
    - \$150.00 for a \***RUSH** application (*see below*)
  - Application fee payable to The Vineyards
    - \$150.00 payable to The Vineyards – application fee

\* An application is considered a **RUSH** when the Closing/Lease date is **TWO (2) weeks** from the date you submit your Lease/Resale application.

\* If an application is submitted that is ***NOT*** complete, it will ***NOT*** be accepted and/or processed. Please ensure that you have all the required information, forms and signatures to avoid any delay(s) in the approval of your application.

**\*Please submit and/or send all complete applications and fees to Watson Association Management office located at 430 NW Lake Whitney Place, Port St. Lucie, FL 34986**

**Thank you for your Cooperation!**

430 NW Lake Whitney Place, Port St. Lucie, FL 34986  
435 S. Yonge Street #3, Ormond Beach, FL 32174  
1410 Palm Coast Parkway NW, Palm Coast, FL 32137

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Phone 386.252.2661 Fax 386.673.4943  
Phone 386.239.1555 Fax 386.246.9271

[www.WatsonAssociationManagement.com](http://www.WatsonAssociationManagement.com)



## The Vineyards Check List

- Lease/Resale Application
- Vehicle Registration Form
- Pet Page
- Deed Page
- Email Consent Form
- Disclosure Summary ( Sales Only )
- Items to be turned over at Closing
- Voting Certificate ( Sales Only )
- Gate Programming Form
- Directory Authorization Form
- Lease / Resale Contract
- Non-Refundable Processing Fee payable to Watson Association Management \$125.00 OR Rush \$150.00
- \$150.00 Application Fee payable to The Vineyards

**Please make sure the application is filled out completely  
and all documents are submitted.**

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# Association Management

## LEASE/RESALE APPLICATION

{APPLICATION REQUIRES BOARD APPROVAL, IF ADDITIONAL SPACE IS NEEDED PLEASE USE OTHER SIDE}

Date: \_\_\_\_\_ Property Address: \_\_\_\_\_

### APPLICANT INFORMATION:

Applicant Name: \_\_\_\_\_ Active Military Service Member \_\_\_ Y \_\_\_ N

Co-Applicant Name: \_\_\_\_\_ Active Military Service Member \_\_\_ Y \_\_\_ N

Present Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Co-Applicant Phone: \_\_\_\_\_

### **Do you intend to:**

- Live in the home as a primary residence
- Maintain the home as a secondary residence
- Offer the home as a rental
- Rent home from owner

**Any other Occupants?** \_\_\_\_\_ If Yes, list names, age and relationship:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

Applicants employers name: \_\_\_\_\_ No. of years there \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Co-applicant employers name: \_\_\_\_\_ No. of years there \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list the name & number of the nearest relative in case of an emergency:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

*PLEASE NOTE: Leases must be a minimum of twelve months (12). A copy of the sales contract or lease must be attached to this application. Renters are not permitted to sub-lease at any time.*

Owner and/or Lessee agree to the terms of the attached contract/lease are within the requirements of The Vineyards at St. Lucie West Residents' Association, Inc. Rules & Regulations pertaining thereto.

PURCHASER/LESSEE: \_\_\_\_\_ DATE: \_\_\_\_\_

PURCHASER/LESSEE: \_\_\_\_\_ DATE: \_\_\_\_\_

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# Association Management

## VEHICLE REGISTRATION FORM

Date: \_\_\_\_\_ Property Address: \_\_\_\_\_

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Present Address: \_\_\_\_\_  
(Street, City, State, & Zip)

**VEHICLE # 1:**

**VEHICLE # 2:**

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Color: \_\_\_\_\_  
Vin #: \_\_\_\_\_  
Tag #: \_\_\_\_\_  
State: \_\_\_\_\_

Make: \_\_\_\_\_  
Model: \_\_\_\_\_  
Year: \_\_\_\_\_  
Color: \_\_\_\_\_  
Vin #: \_\_\_\_\_  
Tag #: \_\_\_\_\_  
State: \_\_\_\_\_

Vehicles are registered to: \_\_\_\_\_

\_\_\_\_\_  
(Signature) (Date) (Signature) (Date)

**PLEASE NOTE: ALL INFORMATION ON THIS FORM MUST BE COMPLETED.**

**ANY CHANGES IN USE OR APPEARANCE OF THE ABOVE DESCRIBED VEHICLE(S) MUST BE SUBMITTED TO THE BOARD OF DIRECTORS WITH A NEW APPLICATION.**

**IT IS CLEARLY UNDERSTOOD THAT CARS MUST BE PARKED IN THE DRIVEWAYS AND/OR GARAGES. ALL PICK-UP TRUCKS AND COMMERCIAL VEHICLES MUST BE PARKED IN THE GARAGE AT ALL TIMES. PARKING IN THE STREETS IS NOT PERMITTED OVER NIGHT.**

\_\_\_\_\_  
(Signature) (Date) (Signature) (Date)

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**PLEASE ADVISE US OF ANY ANIMALS TO BE RESIDING IN THE HOME**

- Household pets not to exceed a total of two (2) may be permitted in a residence.
- The breed of dog commonly known as “pit bull” is prohibited.
- No pets shall be kept, bred, or maintained for any commercial purpose.
- Dogs which are household pets shall always whenever they are outside a unit be confined on a leash held by a responsible person.
- An owner shall immediately pick up and remove any solid animal waste deposited by his pet on the properties, including the common areas and the exclusive neighborhood common area.

Pet? Yes \_\_\_\_\_ No \_\_\_\_\_

Pet Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_

Pet? Yes \_\_\_\_\_ No \_\_\_\_\_

Pet Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_  
Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_



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**DEED RESTRICTED COMMUNITY**

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**I (we) understand that we are moving into a deed restricted community. I (we) hereby agree to abide by all Documents and Rules and Regulation of THE VINEYARDS AT ST. LUCIE WEST RESIDENTS' ASSOCIATION, INC., I (we) received a copy from the Lessor/Seller. If Lessor/Seller fails to provide a set of Documents to Buyer, I (we) may obtain a copy from the Association Management at a cost of \$50.00.**

Buyer/Lessee signature \_\_\_\_\_  
Date \_\_\_\_\_

Buyer/Lessee signature \_\_\_\_\_  
Date \_\_\_\_\_

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**EMAIL CONSENT FORM**

New Florida statutes state it is against the law to send mass emails to owners without their written consent. By completing, signing, and returning this form, you are authorizing the Board of Directors of the Vineyards at St. Lucie West Residents Association, Inc. and Watson Association Management to send you information of the Association meetings, reports on actions taken by the Board at those meetings, violations, updates and/or special information. Your email address will **not** be used for any other purpose than those listed in the previous sentence.

We want to keep you better informed about the developments and issues regarding your investment as an owner in the Vineyards at St. Lucie West Residents Association, Inc.

\*\*\*\*\*

**Yes**

I authorize The Vineyards at St. Lucie West Residents Association, Inc. and Watson Association Management to email me appropriate meeting notices, agendas, reports, violation letters and other information.

**Email Address:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Signature(s):** \_\_\_\_\_

**Printed Name(s):** \_\_\_\_\_

**No**

I do not want to receive emails from The Vineyards at St. Lucie West Residents Association, Inc. and Watson Association Management.

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## Disclosure Summary

### The Vineyards HOA, Inc.

1. As a purchaser of property in this community, you will be obligated to be a member of a homeowner's association.
2. There have been recorded restrictive covenants governing the use and occupancy of properties in this community.
3. **YOU WILL BE OBLIGATED TO PAY ASSESSMENTS TO THE ASSOCIATION, WHICH ASSESSMENTS ARE SUBJECT TO CHANGE.**
4. **YOUR FAILURE TO PAY THESE ASSESSMENTS COULD RESULT IN A LIEN ON YOUR PROPERTY.**
5. The restrictive covenants cannot be amended without the approval of the association membership.
6. The statements contained in this disclosure form are only summary in nature, and, as a prospective purchaser, you should refer to the covenants and the association governing documents.
7. These documents are matters of public record and can be obtained from the record office in the county where the property is located.

\_\_\_\_\_  
Signature of Buyer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Buyer

\_\_\_\_\_  
Date

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**ITEMS TO BE TURNED OVER AT CLOSING FOR THE VINEYARDS**

Prior to, or at closing, the Seller(s) must provide a copy of the Association’s “Governing Documents” which include the **Articles of Incorporation, Declarations of Covenants, and By-Laws** to the Buyer(s). If the Seller fails to supply the Buyer with these documents, \$50.00 should be collected from the Seller to obtain a copy from the Association Management Company.

**Gate Openers and Garage Openers** must be turned over at closing.

*Please contact Watson Association Management to obtain a 4-digit gate entry code.*

Quarterly payment coupons must be turned over at closing. There will be one coupon for each remaining quarter in the current year. The new owner will cross off the previous name, insert their own, and use the coupons for the remainder of the year. At that time, new coupons will be printed with the new owner’s name.

**NOTE:** Quarterly payments of **\$830** are due by **Jan 1<sup>st</sup>, Apr 1<sup>st</sup>, July 1<sup>st</sup>, and Oct. 1<sup>st</sup>. **Payments must be made by these dates – with or without the coupons. Any past due payment will automatically be put in for collections and penalties will be added.****

\_\_\_\_\_  
Purchaser’s signature

\_\_\_\_\_  
Purchaser’s signature

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Cell phone #

\_\_\_\_\_  
Closing Date

\_\_\_\_\_  
Expected move-in date

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**(SALES ONLY)**

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***VOTING CERTIFICATE***  
***The Vineyards at St. Lucie West Residents Association, Inc.***

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Know all men by these present, that the undersigned is the record owner (s) In THE VINEYARDS AT ST. LUCIE WEST RESIDENTS ASSOCIATION, INC. shown below, and hereby constitutes, appoints and designates:

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(Insert one owners name above)

As the voting representative for the RESIDENTS ASSOCIATION unit owned by said undersigned pursuant to the by-laws of the Association.

The voting representative is hereby authorized and empowered to act in the capacity herein set forth until the undersigned otherwise modifies or evokes the authority set forth in this voting certificate.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

(Unit owner's signature – If jointly-owned, both owners' signatures required)

Property Address \_\_\_\_\_

Port Saint Lucie, Florida 34986

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When there is a corporation or partnership as owners of the property, then a voting representative must be appointed by the corporation or partnership and becomes the representative. All owners must sign this form to acknowledge this appointment.

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Gate-Programming-Information Sheet

Owner Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Does the Resident want their name to be put into the system? YES or NO

If Yes, What name? (Last-name, followed an initial): \_\_\_\_\_

Does resident want their phone number programmed into the system?  
YES or NO

If Yes, what Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

You may have two (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

List Gate Clicker Code(s) for **ALL** gate clickers in this household:  
(Each code is listed on the back of the clickers, if you cannot read it, pop open the clicker and it is listed on the inside as well)

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Do you want a 4-digit Personal Gate code assigned to you?

YES or NO Code # \_\_\_\_\_

Your personal 4-digit code cannot start with a zero. When using this entry code, you will now need to hit pound # after the code.

To open the gate when you get a phone call you will need to push 11 to let them in.

